

FILED

JUN - 4 2004

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

TERESA L. DEPPNER, CLERK
U.S. District & Bankruptcy Courts
Southern District of West Virginia

LORENE L. KUSHNER

06596-068

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 1:04 - 0555

(Number to be assigned by Court)

ALDERSON FEDERAL PRISON CAMP

FEDERAL BUREAU OF PRISONS
320 FIRST ST. NW
WASHINGTON, DC

P.O. BOX A

20534

ALDERSON, WV 24910

(Enter above the full name of the defendant
or defendants in this action).

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment?

Yes _____

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Docket Number: N/A

4. Name of judge to whom case was assigned:

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution?

Yes No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes _____ No

C. If your answer is YES:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not: I Already Tried to Get Help From MEDICAL But Was IGNORED . PROPER CARE . THEY DENIED ME MY MEDICATION

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Lorene L. KUSHNER #06596-068

Address: ALDERSON FEDERAL PRISON CAMP, P.O. BOX A
ALDERSON, WV 24910

B. Additional Plaintiffs and Address: _____

Lorene L. KUSHNER

130 Owen ST.

MCKEES ROCKS, PA 15136

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant Vanessa Adams-Warden

is employed as WARDEN

at Alderson Federal Prison Camp

D. Additional defendants: N/A

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I SELF SURRENDERED TO the Alderson Prison Camp at 11:05pm OCTOBER 28 2003. I came in STRUNG OUT ON heroin AND XANTRUM. I TOLD THE C/O MRS Michaels, IN RECEIVING AND DISCHARGE AT THE TIME OF MY ARRIVAL. I WAS KEPT IN HOLDING UNTIL THE NEXT MORNING. I WAS THEN TAKEN TO MEDICAL. I TOLD THE ATTENDING physician, DR. Garon THAT I WAS STILL ON Heroin. They Gave me a physical

IV. Statement of Claim (continued):

and sent me to the Range. I was given no medication to come down. ALSO I TOLD DR. Garon that I was on medication for medical reasons. I was on propranol (Inderal) 3 times a day (THIS IS A HEART MEDICATION.), Plus Norotran And alavil. THE STAFF AT the Alderson Health Center refused to give me any of these medications. I repeatedly went to medical for 10 days explaining that I needed this medication. I was very weak, dizzy, light headed and sick to my stomach.

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

MONITARY FOR PAIN AND SUFFERING
\$500,000.00

I couldn't eat and could barely DRINK LIQUIDS.
I slept FOR the FIRST 4 DAYS continuously.
THE NEXT 6 DAYS, I WAS CONCIOUS BY MOSTLY
"OUT OF it". ON THE 11th DAY, I WENT TO
HSU (Alderson medical center) AND TOLD THE
ATTENDING DOCTOR I WASN'T FEELING RIGHT. HE
TOLD ME I HAD the FLU. I TRIED TO EXPLAIN THAT
I NEEDED MY MEDICATION. I WAS IGNORED. I
WENT BACK TO THE UNIT. AT 1:30 pm, I TOLD THE
C/O MRS. HEADRICKS I FELT REALLY BAD, DIZZY AND
VERY LIGHTHEADED. SHE CALLED HSU AND THE NURSE
ON DUTY ASKED HER TO SPEAK WITH ME. WHEN
I GOT ON THE PHONE, SHE TOLD ME TO EAT SALT
BECAUSE IT SOUNDED LIKE MY BLOOD PRESSURE WAS
LOW, AND GO LAY DOWN. I DID THAT AND FELL
ASLEEP. AT AROUND 4pm, I GOT UP OUT OF BED,
WALKED INTO THE HALL AND WAS TOO WEAK TO
STAND SO I ENDED UP SITTING DOWN IN THE HALL.
WHEN I TRIED TO GET UP TO RETURN TO MY ROOM,
I STOOD UP AND PASSED OUT. I FELL FORWARD AND
SMACKED MY FACE ON THE CONCRETE. SEVERAL INMATES
PUT ME IN MY BED AND IMMEDIATELY GOT THE
C/O MR. HARVEY. I WAS CONCIOUS AT THIS POINT
AND HE EXPLAINED TO ME THAT I HAD A DEEP
GASH ABOVE MY EYE BUT THAT IT WASN'T BLEEDING
REAL BAD SO DON'T "FREAK OUT". HE CALLED
EMERGENCY, AND ANOTHER C/O CAME TO TAKE
ME TO HSU. WHEN THE C/O CAME TO MY ROOM,
HE TOLD ME TO GET UP AND WALK OVER TO HIM

medication which I had initially begged to be put on. Undoubtedly, had the STAFF AT the alderson Prison Camp Given me my medication when I first ask for it, none of this would have ever happened.

I continually have migraine headaches which I have never had until my accident As it stands right now, I am physically Scarred. Additionally, I Am EMOTIONALLY Scarred as well. INITIALLY when I came TO prison, I was terrified of simply being here. Now however, I cannot even begin to explain my fear. Since being here, two other women in my dormitory have died from lack of MEDICAL CARE. I am so fearful that again something like this will happen to me. I know I was sentenced to spend time in prison, however I was NOT sentenced to receive inadequate medical care. Based on the NEGLIGENCE of the STAFF at alderson Prison Camp HSU, I believe I should be compensated for physical and EMOTIONAL DISTRESS I have been forced to endure.

V. Relief (continued)

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

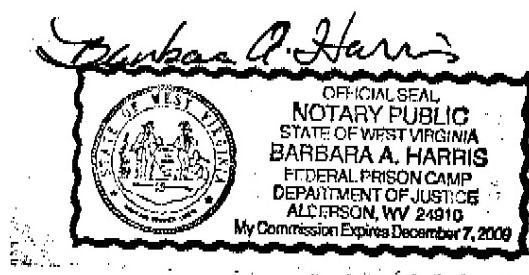
- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

If so, state the lawyer's name and address:

N/A

Signed this 13 day of May, 2004



Lorene J. Kushner

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5-13-04
(Date)

Lorene Kushner

Signature of Movant/Plaintiff

Signature of Attorney
(if any)